

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 9 FilmG211 2-28-57 et

00399

CERTIFICATE OF DEATH

Reg. Dist. No. 51

491

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME OF DECEASED)	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	Calvert Prince Frederick Calvert County Hospital	MARYLAND LENGTH OF STAY (In this place)	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Calvert County Hospital	
3. NAME OF DECEASED (First) Carrie E. Brown (Middle) (Last) Brown		4. DATE OF DEATH Jan. 1, 1957	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M	8. DATE OF BIRTH Aug. 6, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE last birthday 79 yrs. 7 months 7 days
13. FATHER'S NAME John St. Brown		11. BIRTHPLACE (State or foreign country) Calvert County, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. No	17. INFORMANT & ADDRESS Dan Brown - Huntingtown, Md.
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Hypertension in cardio vascular syndrome ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) _____			
INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 1, 1957, to Jan. 1, 1957, that I last saw the deceased alive on Jan. 1, 1957, and that death occurred at 4 A.M., from the causes and on the date stated above. SIGNATURE H. W. Ward DATE SIGNED Jan. 1, 1957			
23. BURIAL; CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 5, 1957	NAME OF CEMETERY OR CREMATORIUM Huntingtown Methodist
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE H. W. Ward	LOCATION (City, town, or county) Huntingtown - Calvert Co - Md (State)
DATE 1-3-57		25. FUNERAL DIRECTOR'S SIGNATURE Q. J. Hackney & Sons - Mutual, Md ADDRESS	

BUREAU A.

JAN 4 1957

REGELIV ED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00400

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 52

402 Item 9, Film G210, 2/25/57 bh

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute this certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be given to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your information.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit Permit. File Pages 1 and 2 with the registrar prior to burial, cremation, or removal.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>MARYLAND</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Olea Beach</i>		c. LENGTH OF STAY IN 1b XO <i>Chesapeake Beach</i>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Charles</i>		First <i>Charles</i>	Middle <i>Bingham</i> Last
4. DATE OF DEATH Month <i>25</i> Day <i>Year</i> Year <i>1957</i>		5. SEX <i>M</i>	
6. COLOR OF RACE <i>W</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
9. AGE (In years last birthday) <i>93 yrs.</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>	
11. KIND OF BUSINESS OR INDUSTRY		12. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) <i>Burned when home burned down</i> INTERVAL BETWEEN ONSET AND DEATH 916.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>Found in charred j. home</i>			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Charred</i>	
20c. TIME OF INJURY Month, Day, Year Hour <i>1/25</i> a.m. <i>1957</i>		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work at work at work <i>Home</i> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Home</i> 20f. (City or town) (County) (State) <i>Chesapeake Beach</i> <i>Calvert</i> <i>Md</i>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <i>H. W. Ward</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
EXAMINER'S NAME (Type) <i>H. W. Ward</i>		DATE SIGNED <i>1/23/57</i>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>1/26/57</i>	
22c. NAME OF CEMETERY OR CREMATORIAL <i>Mt. Harmony</i>		22d. LOCATION (City, town, or county) (State) <i>Near Owings Md</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>Dr. L. Hatchins Owings</i>		ADDRESS <i>1200 E. Main Street Owings</i>	
		24a. REC'D BY REGISTRAR DATE <i>1/25/57</i>	
		24b. REGISTRAR'S SIGNATURE <i>Grace L. Hatchins</i>	

BUREAU V. S

FEB 1 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00401

403

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH a. COUNTY Calvert		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Calvert		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN lb 3 Days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) XI Prince Frederick				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert Co., Hospital		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) James		First	Middle	Last	4. DATE OF DEATH Brooks	Month	Day	Year
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 2 1894	9. AGE (In years last birthday) 63 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Ben Brooks		14. MOTHER'S MAIDEN NAME Suzanna Blake						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO.		17. INFORMANT Rufus Brooks (Brother)		Address Prince Frederick Md.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral accident 330X		DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b)		DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour o. m. p. m.	Month 19	Day	Year	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Huntingtown	(County)	(State)
21. I certify that I attended the deceased from 8 Dec , 1956 to 17 Jan , 1957, that I last saw the deceased alive on 10 Jan , 1957, and that death occurred at 24 , from the causes and on the date stated above. ACTUAL SIGNATURE G. Weems. M.D. Huntingtown ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) DATE SIGNED 12 Jan 57								
22a. BURIAL, CREMATION, REMOVAL (Specify) 1-14-59	22b. DATE THEREOF 1-14-59	22c. NAME OF CEMETERY OR CREMATORIAL Mt Olive	22d. LOCATION (City, town, or county) Prince Fred, Md	(State)				
23. FUNERAL DIRECTOR'S SIGNATURE P. E. Seawell.		ADDRESS Pr. Fred	24a. REC'D BY REGISTRAR DATE 1-14-57	24b. REGISTRAR'S SIGNATURE H. W. Ward				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MICHIGAN STATE DEPARTMENT OF HEALTH - BATTLE CREEK

CERTIFICATE OF DEATH

UNARMED

1957-10-20-2000

BUREAU
RECEIVED
JAN 17 1957

1/28/57

This is all the information
the Medical Examiner or the
Funeral Director have been
able to ascertain.

Grace L. Kulekis
Deputy Local Registrar



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

404

CERTIFICATE OF DEATH

00402

Reg. Dist. No. 51

1. PLACE OF DEATH a. COUNTY <i>Cabret</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Md</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Huntingtown</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Huntingtown</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION —		d. STREET ADDRESS —	
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First <i>WILLIAM</i>	Middle <i>E.</i>	Last <i>HATFIELD</i>
4. DATE OF DEATH	Month <i>Jan.</i>	Day <i>16</i>	Year <i>1957</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH <i>Aug. 28, 1887</i>
8. AGE (In years last birthday) <i>69 yrs.</i>	9. IF UNDER 1 YEAR Months <i>0</i>	10. IF UNDER 24 HRS. Days <i>0</i>	11. Hours <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farm Owner</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	
10c. BIRTHPLACE (State or foreign country) <i>Carroll County</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>William E. Hatfield</i>		14. MOTHER'S MAIDEN NAME <i>Elvira</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>218-12-9877</i>	
17. INFORMANT <i>Mattie E. Hatfield - Huntingtown, Md.</i>		Address <i>—</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>18IX</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Excessive Monocleberg type of disease condition</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>—</i>	
20c. TIME OF INJURY Hour a. m. p. m.	Month <i>19</i>	20d. INJURY OCCURRED White at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from _____, 19_____, to _____, 19_____, that I last saw the deceased alive on _____, 19_____, and that death occurred at _____, M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) <i>M.D. Prince Frederick, Md.</i>			
ACTUAL SIGNATURE <i>PAGE C. JETT</i>	DATE SIGNED <i>1/18/57</i>		
PHYSICIAN'S NAME (Type) <i>PAGE C. JETT</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial Jan. 18, 1957</i>	22b. DATE THEREOF <i>Jan. 18, 1957</i>	22c. NAME OF CEMETERY OR CREMATORIUM <i>Miranda Cemetery</i>	22d. LOCATION (City, town, or county) (State) <i>Huntingtown-Chestico-Md</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>G. A. Harkness & Son - Mutual, Md.</i>	ADDRESS <i>—</i>	24a. REC'D BY REGISTRAR DATE <i>1-18-57</i>	24b. REGISTRAR'S SIGNATURE <i>H. W. Ward</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

DUREAU V. A.

JAN 21 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
405 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00403

Reg. Dist. No. 52

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute this certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 5 may be retained for your files.
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial or removal.

1.		PLACE OF DEATH a. COUNTY		Calvert		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)		Md		a. STATE		Md		b. COUNTY		Calvert					
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		Dunkirk		c. LENGTH OF STAY IN lb		10 yrs.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		Dunkirk		d. STREET ADDRESS									
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)																e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3.		NAME OF DECEASED (Type or print)		John B. Howard		First		Middle		Last		4. DATE OF DEATH		1		Month		Day		Year			
5. SEX		M		W		6. COLOR OR FACE		7. MARRIED		NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH		Oct 7/1911		9. AGE (In years last birthday)		45 yrs.		IF UNDER 1 YEAR		IF UNDER 24 HRS.	
						WIDOWED <input type="checkbox"/>		DIVORCED <input type="checkbox"/>										Months		Days		Hours Min.	
10a. US/AD OCCUPATION (Give kind of work done during most of working life, even if retired)		farmer		10b. KIND OF BUSINESS OR INDUSTRY		Tenant		11. BIRTHPLACE (State or foreign country)		Md		12. CITIZEN OF WHAT COUNTRY?		U.S.A.									
13. FATHER'S NAME		Charles T. Howard		14. MOTHER'S MAIDEN NAME		James M. Collier		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		Charles Howard, Shady Side		Address							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]																		INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)		929.8		Drowned		DUE TO																	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause first.						(b)																	
						DUE TO																	
						(c)																	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)																							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		Was duck hunting		20c. TIME OF INJURY Month, Day, Year Hour a.m. 12 11/10 1957		20d. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, hotel, office bldg., etc.) At home		20f. (City or town) Calvert Co. Md.		19. WAS AUTOPSY PERFORMED?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .																							
ACTUAL SIGNATURE		H. W. Ward																DATE SIGNED		11/10/57			
EXAMINER'S NAME (Type)		H. W. Ward																					
22a. BURIAL, CREMATION, REMOVAL (Specify)		Burial		22b. DATE THEREOF		11/13/57		22c. NAME OF CEMETERY OR CREMATORIAL FACILITY		Mt. Zion		22d. LOCATION (City, town, or county)		Folgerian		(State)							
23. FUNERAL DIRECTOR'S SIGNATURE		H. W. Hutchins Owings Md.		ADDRESS				24a. REC'D BY REGISTRAR				24b. REGISTRAR'S SIGNATURE		Grace L. Hutchins									
																		DATE		11/12/57			

BUREAU V. S.

JAN 17 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

406

CERTIFICATE OF DEATH

00404

Reg. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH
a. COUNTY

CALVERT

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

PRINCE FREDERICK

c. LENGTH OF STAY IN 1b
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION

CALVERT COUNTY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MD

b. COUNTY

CALVERT

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

HUNTINGTOWN

d. STREET ADDRESS

e. IS RESIDENCE ON A FARM?
YES NO 3. NAME OF
DECEASED
(Type or print)First
CARRIEMiddle
W.Last
MEADE4. DATE
OF
DEATH

JAN. 27

1957

S. SEX

F

6. COLOR OR RACE

W

7. MARRIED NEVER MARRIED WIDOWED DIVORCED

B. DATE OF BIRTH

SEPT. 24, 1873

9. AGE (In years
lost birthday)

83 yrs.

IF UNDER 1 YEAR

Months 4 Days 3

IF UNDER 24 HRS.

Hours 4 Min. 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

HOUSEWIFE

HOME

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JAMES GIBSON

CALVERT COUNTY, MD

U.S.A.

14. MOTHER'S MAIDEN NAME

ANNIE WEEMS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Address
CLAIBORNE MEADE - HUNTINGTOWN, MD

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

422.1

DUE TO

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b)

DUE TO

(c)

DUE TO

Cirrhosis

At Selective C.V. disease

Arthrosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

6 month

MEDICAL CERTIFICATION

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

19. WAS AUTOPSY
PERFORMED?
YES NO 20c. TIME OF INJURY Month, Day, Year
Hour a. m. 19
p. m.20d. INJURY OCCURRED
White Not white
of work at work 20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)20f. (City or town)
(County)

(State)

21. I certify that I attended the deceased from Jan 28, 1957, to Jan 27, 1957, that I last saw the deceased alive on Jan 27, 1957, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED

ACTUAL
SIGNATUREPHYSICIAN'S
NAME (Type)22a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

22b. DATE THEREOF

JAN. 30, 1957

22c. NAME OF CEMETERY OR CREMATORIUM

MIRANDA CEMETERY

22d. LOCATION (City, town, or county)

HUNTINGTOWN - MD.

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

A. A. HARKNESS & SON - MUTUAL, MD.

24a. REC'D BY REGISTRAR

DATE 1-30-57

24b. REGISTRAR'S SIGNATURE

N. W. Ward

CERTIFICATE OF DEATH

NAME

NAME

DECEASED AT

CITY

STATE

ZIP

CITY

STATE

ZIP

BUREAU V. S.

JAN 31 1957

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00405

Reg. Dist. No. 51

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>North Carolina</i> b. COUNTY <i>Robeson</i>				
b. CITY OR TOWN (If outside corporate limits, write RURAL or name nearest town) <i>Brown Field</i>		c. LENGTH OF STAY IN 1b <i>1 month</i>				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <i>Calvert & St. L.</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) <i>Kingston David Phillips</i>		4. DATE OF DEATH <i>Jan 11 '57</i>	Month Day Year <i>1 14 57</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan 11 '92</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Building</i>	11. BIRTHPLACE (State or foreign country) <i>N.C.</i>			
13. FATHER'S NAME <i>Herbert F Phillips</i>		14. MOTHER'S MAIDEN NAME <i>Mary Ela Moore</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <i>Address</i>	17. INFORMANT <i>William D Phillips, Chas. Beal MD</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Internal hemorrhage</i> DUE TO Conditions, if any, which gave rise to immediate cause (b) (a), stating the underlying cause last. DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) <i>Had knowledge of stomach</i>						
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. <i>Hour</i> o. m. <i>19</i> p. m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>While at work</i>				
20c. TIME OF INJURY Month, Day, Year Hour o. m. <i>19</i> p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Red Springs</i>	20f. (City or town) <i>Robinston Co.</i>	(County) <i>N. C.</i>	(State)
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .						
ACTUAL SIGNATURE <i>H. W. Ward</i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		DATE SIGNED <i>1/5/57</i>		
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>Jan. 8, 1957</i>		22c. NAME OF CEMETERY OR CREMATORIUM <i>Alloway Cemetery</i>		22d. LOCATION (City, town, County) <i>Robinston Co. N. C.</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>A. A. Harkness & Son - Marshall, Md.</i>		ADDRESS		24a. REC'D BY REGISTRAR <i>Date 1-7-57</i>		24b. REGISTRAR'S SIGNATURE <i>H. W. Ward</i>

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be given to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BUREAU V. A.

JAN 8 1957

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bodily copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00406

CERTIFICATE OF DEATH
408

Reg. Dist. No. 52

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN TOWN)	Calvert Paris	MARYLAND LENGTH OF STAY (In this place) 50 yrs.	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Paris
HOSPITAL OR INSTITUTION OR STREET ADDRESS		COUNTY Calvert (If rural give location) / STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) (First) LEWIS (Middle) EDWARD (Last) SEARS		4. DATE (Month) (Day) (Year) OF DEATH January 5, 19 57	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 30, 1906
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer owner	9. AGE last birthday 50 yrs. IF UNDER 1 YEAR Months Deys Hours Min.
13. FATHER'S NAME Lee Sears		14. MOTHER'S MAIDEN NAME Mary Taylor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. 218-12-9047	
17. INFORMANT & ADDRESS William Spicer, Owings, Maryland		18. MEDICAL CERTIFICATION <i>Carcinoma of lung</i>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
M. at work		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4/1</i> , 19 <i>56</i> , to <i>1/5</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>1/3</i> , 19 <i>57</i> , and that death occurred at <i>6 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>J. DeWeese</i>		ADDRESS (Street, city, town, state) <i>Huntington Blvd</i> DATE SIGNED <i>1/6/57</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF <i>1/8/57</i> NAME OF CEMETERY OR CREMATORIAL Mount Harmony	
24. REC'D BY REGISTRAR DATE Jan. 6, 1957		REGISTRAR'S SIGNATURE <i>Grace L. Hutchins</i> 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Tom H. Hutchins</i> Owings, Maryland	

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FEDERAL BUREAU OF INVESTIGATION

RECORDED - INDEXED - SERIALIZED - FILED

SEARCHED - SERIALIZED - INDEXED - FILED

BUREAU V.

JAN 11 1957

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